

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CERVICAL COLLAR
Attorney Docket Number::	GEFEN5
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	43
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Amit
Middle Name::	

Family Name::	GEFEN
Name Suffix::	
City of Residence::	Ganei Tikva
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	8 Hacarmel Street
City of Mailing Address::	Ganei Tikva
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	55900
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Michal
Middle Name::	
Family Name::	PELEG LUBOVSKY
Name Suffix::	
City of Residence::	Mevaseret Zion
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	2 Mevo Levona St.
City of Mailing Address::	Mevaseret Zion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	90805
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Omri
Middle Name::	
Family Name::	LUBOVSKY
Name Suffix::	
City of Residence::	Mevaseret Zion

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 20 Habosem St.

City of Mailing Address:: Mevaseret Zion

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 90805

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/000870	09-20-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	158036	09-21-03	Yes

1) Assignment Information

Assignee Name:: HADASIT MEDICAL RESEARCH
SERVICES AND DEVELOPMENT LTD.

Street of Mailing Address:: P.O.B. 12000

City of Mailing Address:: Jerusalem

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 91120

2) Assignment Information

Assignee Name:: RAMOT AT TEL AVIV UNIVERSITY LTD.

Street of Mailing Address:: 32 Lebanon St., P.O.B. 39296

City of Mailing Address:: Tel Aviv

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 61392